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NO. 8376 P. 7

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PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of  
**KLEIN, et al.**

Examiner: C. Chang

Art Unit: 1625

Application No.: 10/674,480

Filed: September 30, 2003

Title: **PIPERIDIDINYL AND N-AMIDINOPIPERIDINYL DERIVATIVES**

TELEFAX CERTIFICATE

I hereby certify that this correspondence is being transmitted via facsimile to the Commissioner for Patents, Alexandria, VA 22313, on

October 6, 2004  
Date of Transmission

Signature

Preliminary Amendment Pursuant to 37 C.F.R. § 1.115 and  
Response to the Restriction Requirement

Commissioner for Patents  
P. O. Box 1450  
Alexandria, VA 22313-1450

*For Office use only*

This paper is in response to the Office Action dated June 9, 2004 ("the Office Action"), in which a restriction requirement was issued in connection with the above-identified patent application. This paper is also a Preliminary Amendment pursuant to 37 C.F.R. § 115 in connection with the above-identified patent application. Filed concurrently herewith is a Petition for Extension of Time pursuant to 37 C.F.R. § 1.136(a) for three (3) months.

Applicant respectfully request the application be amended, without prejudice, prior to

examination as follows:

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NO. 8376 P. 3

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TELEFAX CERTIFICATE	
I hereby certify that this correspondence is being transmitted via facsimile to the Commissioner for Patents, Alexandria, VA 22313, on	
Date of Deposit	October 6, 2004
Printed Name of Person Signing Certificate	Paul Irvine
Signature	<i>Paul Irvine</i>

Commissioner for Patents  
P. O. Box 1450  
Alexandria, VA 22313-1450

Transmitted herewith is an amendment in the above-identified application.

☐ No additional fee is required.

The fee has been calculated as shown below.

(1)	(2) CLAIMS REMAINING AFTER AMENDMENT*	(3)	(4) HIGHEST NUMBER PREVIOUSLY PAID FOR**	(5) PRESENT EXTRA	(6) RATE	(7) ADDITIONAL FEE
TOTAL CLAIMS	35	MINUS	33	2	18.00	36.00
INDEPENDENT CLAIMS	2	MINUS	3	0	86.00	0
MULTI-DEPENDENT CLAIMS(S), Per Application (290.00)						
TOTAL AMENDMENT FEE FOR THIS AMENDMENT →						36.00

- \* If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.
- \*\* If the "Highest Number Previously Paid For" in Total Claims is less than 20, write "20" in this space.
- \*\*\* If the "Highest Number Previously Paid For" in (Independent Claims) is less than 3, write "3" in this space.

The Commissioner is hereby authorized to charge any fees under 37 C.F.R. 1.16 which may be required by this paper or credit any overpayment to Account No. 18-1982. Two duplicate copies of this paper are enclosed.

Respectfully submitted,

*Joseph D. Rossi*  
 Joseph D. Rossi, Registration No. 47,038  
 Attorney for Applicant

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 Aventis Docket No. USA2797 US CNT